

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							FILE NUMBER
1. IS THIS AN AMENDMENT?	☐ No	Yes If Yes	, please ente	r the file n	umber in th	is box \rightarrow	
SECTION A. CANDIDATE	INFOR	RMATION: Fill	in all applic	able box	es as fully	and accura	tely as possible.
2. Last Name		st Name (Middle N		Nicknan		3. Type of Committee (Check one)
pograli y	, ,	W/11011	4/4				Candidate's Principal Committee Exploratory Committee
4. Mailing Address	19	AND	V.11	5, FAX (Opt	ional)	6. E-mail	Address (Optional)
7.00 p/9.	State IN	ZIP Codia	8. County	9/10	9 Telephone	449	10, Teleptrone (Evening)
11. Party Affiliation		10	12. (Office Sough	t (Include distric	t number, if any. N	Not required for an exploratory committee.)
Democratic Libertarian Reput							
				cable box	es as fully	and accura	itely as possible.
13. Full Name of Committee (Do not abt	reviate)	Check if this is a	new name				
14. Mailing Address	Mailing Address			15. FAX (Optional) 16. E-m			il Address (Optional)
17. City	State	ZIP Code	18. County		19. Telephone		20. Committee Organization Date
	i)	l	1		, ,		(MM-DD-YY)
21. Chairperson's Full Name Designate Candidate as Chairperson Check if this is a new chairperson							
22. Mailing Address				23. FAX (Op	otional)	24. E-ma	il Address (Optional)
25. City	State	ZIP Code	26. County	ــــــــــــــــــــــــــــــــــــــ	27. Telephone	(Day)	28. Telephone (Evening)
	1 1	i	•		ļ, · · ,		
29. Bank or Other Depositories (List all 30. Exploratory Committee (Give brief state) 31. Salarie	es and Reimbur	rsements (Will the	deposit boxes or maintains funds.) e committee pay the candidate a salary or h a copy of the contract.) No Yes
ADDOINTME		TOE ACUDED	40000		THORIT FOR IDOL 1.2	jes. 11 100; a.m.s.	74 copy of the contract,
		TREASURER)	Cia	to a state Co	No Obsimeran
32. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee. Signature of the Committee Chairperson							mmittee Chairperson
33. Treasurer's Full Name Design	ate candid	date as treasurer	Check if this is a	a new treasure	∋r		
34. Mailing Address	is a new a	address		35. FAX (O)	otional)	36. E-ma	il Address (Optional)
				1, ,			
37. City	State	ZIP Code	38. County	Ш	39. Telephone	(Day)	40. Telephone (Evening)
	1 1	l			ļ, , , , , ,		, ,
SECTION D. ACCEPTANC	E OF	ADDOINTMEN	T //C 2 0 1 1	5\	(
41. I give notice that I accept the					hie Signatur	of Person Ac	centing Annointment
Committee. I am not the chairp						# UI FEISUII AG	cepting Appointment
permitted for a candidate committ	tee unde	er IC 3-9-1-7).					
SECTION E. CERTIFICAT							FOR OFFICE USE ONLY
We certify as the candidate and						at we have	
examined this statement. To the b				e, correct ar		55 \44	Myla a. Eldridge
42. Typed or Printed Name of Cha	irpersor	n Signature of	Chairperson			1, 1	DEC 08 2016
13 Typed on Printed Name of Can	dibate	Signature of	Candidate		Date (M	- 1 1 PC - MI	
Warnings State law courses that any 3	Anak in	this industry to be rou		deres of the of	10201	1011d corpor	FILED
Warning: State law requires that any of who knowingly files a fraudulent report of							
report as required by the Indiana Campai penalties (IC 3-9-4-16, IC 3-9-4-17, and IC	ign F l nanc	ce Lay commits a Clas					,